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## SPECIAL POINTS OF INTEREST:

- NEW SOCIAL WORK DIRECTOR
- INFECTION PREVENTION & CONTROL
- QUALITY MANAGEMENT
- HOSPITALITY HOUSES
- HOOSIERS HELPING HOOSIERS

## ***SUPERINTENDENT'S MESSAGE***

The rehabilitation project of the 1890 administration building is wrapping up. Matcon, the general contractor, is finishing the final list of repair items and RSH Maintenance is doing some last touches before relocation. The current plan is to relocate in the building by early March. This beautiful remodeled historic building will have an elevator that will make all three floors handicapped accessible and 1<sup>st</sup> and 2<sup>nd</sup> floor restrooms that are completely accessible as well.

NAMI/RSH and the farmhouse, is another exciting joint effort going on. I think, as many of you know, the East Central NAMI chapter moved into the original farmhouse on the campus in 2004. The building was vacant at the time and needed a lot of tender loving care and

repairs. RSH has continued to provide some support when the budget allows, but it certainly isn't substantial enough for the extent of the repairs needed. NAMI applied for and received a grant from a local foundation and is currently in the process of replacing many of the windows and some other exterior work on the building. They have also painted and decorated the interior to provide a welcoming atmosphere to all who visit. These types of collaborative endeavors are the true example of win-win for all involved.

We are in our 4<sup>th</sup> year of training for all employees. The title of this training is *Roadmap to Recovery*. This year the training starts with the sharing of success stories from last year on Performance Improvement activi-



*Jeff Butler*  
*RSH Superintendent*

ties that were completed by staff from all levels. These activities centered on improvements in the day to day operation of the hospital and, of course, have had a positive effect on patient care.

The topic for this year is Cultural Awareness and Diversity. Since our referral base is statewide then the diversity of cultures and backgrounds is widespread. The other part of this year's training provides insight into the variety and diversity of the workforce, from education and



Above: An elevator being added to the Administration building, making all three floors handicapped accessible.



Above: Picture of the Administration building showing the elevator on the west side of the building.



Richmond State Hospital is operated by the State of Indiana and is a division of Mental Health and Addiction.

## ***SUPERINTENDENT'S MESSAGE, continued***

training to the rich cultural heritage and background of the employees as well.

Since our last edition of Community Ties we have renamed and reorganized all of the service lines to more appropriately reflect on the values of the hospital,

which are Recovery, Strength, and Hope. These new names will be included by others in the newsletter.

Lastly, we have completely redesigned the hospital website. We have made many changes to the format and layout of the page and, of course, included the updated

mission, vision, and values and the new names of the Service Lines which follow along with our emphasis on Recovery, Strength and Hope.

Even though as I write this we are digging out from 10" of snow and it is bitterly cold, I realize that spring is around the corner.

## ***MISSION & VISION***

### **MISSION**

To provide individualized, quality holistic healthcare with respect, dignity, and caring.

### **OUR VALUES**

We believe in all individual's capacity for:

- Recovery
- Strength
- Hope

### **VISION**

We have accepted the challenge to:

- Partner with: consumers, families, providers, and communities for recovery.
- Provide a healing, safe, recovery oriented environment.
- Promote innovation and utilize evidence based practices for recovery.
- Promote trauma informed care.

## NEWS FROM THE CHAPLAIN

It may be winter outside but Klepfer All Faiths Chapel and chaplain David Ashcraft continue to supply both physical and spiritual warmth to all who visit. Each Sunday residents and staff enjoy worship service. During the

week, Chaplain David is available to patients, staff, and visitors who may need a spiritual boost. When he's not in the chapel the chaplain is visiting all the units on campus, greeting newcomers, and providing one to one

counseling to anyone experiencing spiritual distress. Visitors and families are always welcome at the chapel; you may ask for comforting guidance or simply sit in our beautiful chapel.



David Ashcraft  
RSH Chaplain

## VISITOR'S INFORMATION

RSH staff encourages family members to visit and be a part of their loved ones lives while at this hospital. Please keep the following things in mind when visiting:

- Hospital visiting hours are from 9:00 a.m. to 8:00 p.m. daily.
- The visitor sign-in provided is for the safety of our patients and visitors. The visitor sign-in location is in the AIT building at the switchboard. In the event of an emergency, the sign-in logs are used to account for any visitors on grounds.
- Visitors under the age of 18 must be accompanied by a parent, guardian, or family members over the age of 21.
- For visitors with children under the age of 14, the visitation must occur off the unit for safety reasons.
- When left unattended, vehicles must be turned off and locked.
- Due to privacy laws, the use of cameras or cell phones with cameras is prohibited while on grounds.
- The use of personal electronic devices (PDA's Ipods, MP3 players, cell phones, etc.) is prohibited while on hospital grounds.
- Tobacco products, lighters, matches, alcohol, and associated paraphernalia are not ever to be brought on grounds or given to patients.

There are security cameras located in various areas of the buildings and grounds. This is a method of protecting people and

If you have any questions, please feel free to contact Jay Wenning, Health Information Services Director at 765-935-9235, fax him at 765-935-9509, or email him at [Jay.Wenning@fssa.in.gov](mailto:Jay.Wenning@fssa.in.gov).

**CONFIDENTIALITY**  
**RESPECT**  
**PRIVACY**



**Luanne HandySaylor**  
MSSW, ACSW,  
LCSW, LMFT

**Richmond State  
Hospital Professional  
Practice Director of  
Social Work**

***The National Association of Social Workers (NASW) Code of Ethics:***

The mission of the social work profession is rooted in a set of core values. These core values, embraced by the social workers throughout the profession's history, are the foundation of social work's unique purpose and perspective:

- ⇒ service
- ⇒ social justice
- ⇒ dignity and worth of the person
- ⇒ importance of human relationships
- ⇒ integrity
- ⇒ competence

## ***NEW PROFESSIONAL PRACTICE DIRECTOR FOR SOCIAL WORK***

Luanne HandySaylor joined Richmond State Hospital as the new Professional Practice Director. She graduated from Richmond High School, Vincennes University, Ball State University, and received her MSSW (Master of Science and Social Work) from Kent School of Social Work, University of Louisville. She also received her ACSW, LCSW, and LMFT. She has her teaching license as a School Social Worker and most recently attended Indiana Wesleyan, working for her certification as a School Counselor.

Upon graduation from University of Louisville, Luanne returned to Richmond where she worked at Dunn Mental Health Center for 21 years in a variety of positions. (Family and Children Services, Inpatient Services, Liaison to the Schools, Emergency Services, and Be-

havioral Consultant to the nursing homes). She was then hired by Centerville / Abington Schools as their elementary school counselor where she developed the counseling program for grades K-6<sup>th</sup> for both Rose Hamilton and Centerville Elementary. After 7 years, she returned to the Community Mental Health area working for Meridian Services in the Richmond, Muncie, Winchester, New Castle, and Portland offices.

In meeting the Social Work Staff Luanne wrote that she feels there is a wonderful mix of education and expertise. She said, "I look forward to working with the

staff and building our Social Work program. I also look forward to working with administrative staff, medical staff, support staff, and nursing staff. Most of all I look forward to working with our patients, providing them with the best services and caring for their needs. Our patients, or consumers, are the most vulnerable individuals. Many of them have only our staff to care for their needs, help them grow individually and help them reach their greatest potential. What a privilege we have been given."

**REACH FOR THE STARS...**



## ***INTEGRATED DUAL DIAGNOSIS RECOVERY SERVICE LINE -- 417A, 417C, AND 420A***

**The mission of the Integrated Dual Diagnosis Recovery Service Line is to provide Active Treatment aimed at stabilization and rehabilitation from time of admission through transfer and for discharge!**

### **DEMOGRAPHICS OF CLIENTELE**

**Maximum Census 76/Current Census 73**

#### **417A Current Census 20**

- 19 White; 1 African American
- 11 Males; 9 Females
- Average age 38.35 years
- Average Length of Stay - 67.7 Days
- Primary Diagnosis - Substance Abuse/Dependence; Secondary Diagnosis - Schizoaffective Disorder
- Religious Preference - Christian 6; None 7; Catholic 6; Methodist 1

#### **417C Current Census 23**

- 19 White, 2 African American, Hispanic 2
- 16 Males; 7 Females
- Average Age - 39.17 years
- Average Length of Stay on the Unit 89.87 Days
- Primary Diagnosis - Substance Abuse/Dependence and a Secondary Diagnosis of Schizophrenia
- Religious Preference: Catholic 3; Christian 4; Baptist 1; None 11; Methodist 1; Wiccan 1; Lutheran 1; Jehovah's Witness 1

***Always keep that happy attitude.***

***Pretend that you are holding a beautiful fragrant bouquet.***



### **Statistics**

**September 2009 through January 2010**

**Patients Admitted: 77**

**Patients Discharged: 63**



*AIT (417) Lobby*

#### **420A Current Census 30**

- 25 White; 4 African American; 1 Other
- 20 Males; 10 Females
- Average Age - 33.7 years
- Average Length of Stay on Unit - 59.57 Days
- Primary Diagnosis - Schizophrenia, Most common Secondary Diagnosis of Substance Abuse/Dependence
- Religious Preference - Christian 11; Jewish 1; None 11; Episcopalian 1; Jehovah's witness 1; Protestant 1; Wiccan 1; Methodist 1; Agnostic 1

## ***INTEGRATED DUAL DIAGNOSIS RECOVERY SERVICE LINE, continued***

### **SERVICE LINE CHANGES**

In an effort to serve the MICA/Dual Diagnosis population better, the units have been merged into a single service line. "The Integrated Dual Diagnosis Service Line". (The three units were previously a part of two different service lines.) We are excited about the change and the opportunity to develop new programs to help us in doing our job of assisting patients to resolve issues and ultimately return to the community to live.

### **ACTIVITY CORNER**

Don Wright, D'Aune Matheny-Murray, Jan Miller, Kim Singleton, Michelle Poe, and Mike Combs make up the dynamic employees in our Rehab/Activity Therapy Department.


Despite the busy schedules that all have had in transitioning to a new service line we haven't forgotten that our main focus is to provide an environment dedicated to the patients that we serve. Throughout this time many events have taken place.

The holidays that we have come through offer us the opportunity to have many activities. We have had holiday dances and special meals together, but one of the special event through this time period was the Christmas presentation planned and orchestrated by our patients. It was entitled "Christmas through our Eyes". It included music, poetry and skits. It was a real blessing to all that attended.

**CONTACTS: 765-966-0511 (EXT.)**

 **Kay Clark, Service Line Manager 9203**

 **Tanya Melody, ADON 4929**

 **Barbara Jackson, Secretary 9204**



***LOBBY AREA IN THE RESIDENTIAL  
TREATMENT CENTER (RTC)***



***CLINICAL TREATMENT CENTER (CTC) AND  
UNIT 420A ON THE LEFT SIDE OF THE PICTURE***

***Success is the progressive realization  
of a worthy goal or ideal.***

***~ Earl Nightingale***



**Kim Phillips**  
Service Line Manager

## **HOPE & RECOVERY SERVICE LINE**

**422-A & 422-B**

**FALL AND WINTER 2009/SPRING 2010**

**Kimberly Phillips, Service Line Manager – 935-9252**

**Darlene Caves, Assistant Director of Nursing - 935 -9273**

**Terry Ogle, Secretary - 935-9251**

### **422-A Client Demographics**

**Race :** 4 African American; 26 White

**Gender:** 8 Females; 22 Male

**Average Age:** 40

**Average Education:** 11th

**Primary Diagnosis:** Schizophrenia;  
Schizoaffective

**Religion:** Baptist 2; Catholic 2; Christian  
10; Mennonite 1; Methodist 1; None 5;  
Protestant 6; Other 1; Unknown 2

**Discharge 2009:** 16

### **422-B Client Demographics**

**Race:** 6 African American; 21 White;  
1 Hispanic

**Gender:** 16 Males, 12 Females

**Average Age:** 40

**Average Education:** 11<sup>th</sup>

**Primary Diagnosis:** Schizophrenia;  
Schizoaffective

**Religion:** Catholic 4; Christian 7; Lutheran  
2; Methodist 1; Non-Denominational 1;  
None 10; Protestant 3; Wiccan 1

**Discharges 2009:** 23

**Social Workers --** We have lots of changes going on with our Social Workers on 422-A and 422-B, Hope and Recovery Service Line. Kathy Jones, who was the Social Worker providing services on 422-A, retired January 31, 2009. Luanne HandySaylor will be taking over Kathy's Social Work Duties.

In Roger Buckler's absence, Rick Cottman will be covering duties on 422-B. Rick is returning to us after ten year's working at Indiana Soldiers and Sailors Children's Home. It is nice to have Rick back and he understands he has big shoes to fill, following in Rogers footsteps!

Both Luanne and Rick have a great deal of expertise to offer this service line and they are both looking forward to the challenges.

### **To Roger Buckler**

To a man who was dearly loved by everyone who knew him. Roger had a heart of gold and he enjoyed his job of helping us patients grow and learn to be better than we were. There were days when he entered the unit and everybody had smiles on their faces. Roger also encouraged us to do the best we can to help us live productive lives.

The greatest moment that I cherish is how Roger accepted everybody and he gave them hope that there is more to life than being in a hospital.

Roger was stern, but that was his job. I know that you will always be in my heart and as you always said, "I love me too."

~ Written by a patient, AC, on 422-B

The **Recovery & Transitional Service Line (RTSL)** is composed of the 420B Admissions Program, 421A Program, the Darby House and the Kreitl House Programs. The 420B Program facilitates psychiatric admissions and discharges and the other programs facilitates the patients' successful return to the community in the least restrictive setting at Richmond State Hospital.

#### DEMOGRAPHICS OF CLIENTELE

##### 421A

- 19 White, 7 African-American
- 1 Hispanic
- 2008 Average Age - 38
- Males - 15
- Females - 12
- Average length of stay of those discharged in 2009 - 149 days
- Admissions - 2009 - 29
- Discharges 2009 - 49
- Discharges 2008 - 28
- Average length of stay of those discharged in 2008 - 109 days

#### DEMOGRAPHICS OF CLIENTELE

##### 420B

- 22 White, 7 African-American, 1 Asian/Pacific
- Males - 15
- Females - 15
- Admissions - 2009 - 49
- Discharges 2009 - 46
- Average length of stay of those discharged in 2000 - 116 days
- Admissions 2008 - 78
- Discharges 2008 - 31
- Average length of stay of those discharged in 2008 - 127 days



*Corey Laughlin  
Recovery and Transitions  
Service Line Manager*

***Hope is like a bird that senses the dawn  
and carefully starts to sing while it is  
still dark. ~ Anonymous***



**KREITL HOUSE**



**DARBY HOUSE**

## The Recovery & Transitional Service Line, continued

### DEMOGRAPHICS OF CLIENTELE

#### DARBY HOUSE

- 5 White, 1 African-American
- 2009 Average Age - 38
- Males - 4      Females - 2
- Discharges 2009 - 11
- Average length of Stay of Discharged in 2009 - 79 days
- Average length of Stay of Discharged in 2008 - 133 days



### DEMOGRAPHICS OF CLIENTELE

#### KREITL HOUSE

- 4 White, 1 African-American
- 2009 Average Age - 44
- Discharges 2009 - 3
- Average length of Stay 2009- 520 days
- Discharges 2008 - 6
- Average length of stay of those discharged in 2008 - 89 days

### Current News

2009 was a busy year for Richmond State Hospital. During the Fall RSH underwent a reorganization of the service lines. What was formally known as the "Transitional Service Line" is now the "Recovery and Transitional Service Line" or "RTSL". Along with the name change came the addition of the psychiatric admission unit, 420B, to our service line. We now offer 2 unit environments and 2 house environments for our patients' treatment. With this change also came a change in personnel. D'Aune Matheny-Murray moved to 420A and Lisa Ginn has come to 421A and fills the roles of Treatment Team Coordinator and Senior ATS Therapist. Lisa has 25 years of service to RSH. She is a Certified Music Therapist and the 421A treatment team welcomes her and her expertise. With the addition of 420B comes many experienced staff who do a great job of facilitating our patients' admission to RSH and quite often discharge back into their community. Another positive of 420B joining the service line is the opportunity of the units to do some joint programming, as many of the Transitional patients come from 420B. Currently the most frequent primary diagnosis for all 4 units is schizoaffective disorder followed by schizophrenia paranoid type and personality disorders. The Kreitl House celebrated a discharge early in 2009 of a long term patient who had many barriers to placement. This patient continues to be successfully maintained in the community.

#### CONTACTS: 765-966-0511 (EXT)

Corey Laughlin, Service Line Mgr.....9392  
 Darlene Anglin, Secretary.....9391  
 Brenda Jeffries, Asst. Nursing Dir.....9280  
 Lisa Ginn, Senior RT and.....9335  
 Treatment Team Coordinator, 421A  
 Tom Tash, Social Worker, 421A.....9392

#### CONTACTS: 765-966-0511 (EXT)

Angela Youkon, Social Worker.....9391  
 Darby & Kreitl House  
 Ashley Abner, Social Worker.....9362  
 420B

## ***SPECIALIZED RECOVERY SERVICE LINE***

### ***416 and 421B***

**416** -- The Youth Services program has continued to serve adolescent males from all over the State of Indiana. These patients learn how to assist with their overall development and management of symptoms.

Several of our patients were not able to go home over the Christmas holiday, but due to the generous donations of gifts and time from community members and RSH staff, the patients were able to

enjoy the season. We would also like to thank the Harley Davidson Motorcycle Club and the Greens Fork Fire Department for helping the students ring in the holidays with their visits and gifts. Mr. and Mrs. Bradley LaMar also provided a party at Christmas and they come monthly and host birthday parties on the unit.

Staff have been reading copies of "The Explosive Child", written by Dr. Ross Greene.

There have also been discussions about information presented in the book and their implications for a program like ours. Staff have explored the Collaborative Problem Solving method and are currently seeking other trainings/information regarding this model. Staff will also enjoy the company of Dr. Keith Bailey in March. He will be coming to RSH to work with us on integrating "best practices" into the care that we provide.

**Program**

**Demographics:**

**11 Students**

**Average age is 15**



*Carl Rhinehart*  
*Service Line Manager*



#### **ABOUT THE PROGRAM**

- ♦ 20-bed adolescent inpatient program  
2 units
- ♦ Surrounding area is country/suburban
- ♦ Park-like setting with years of landscaping and well kept grounds
- ♦ Accredited by the Joint Commission on Accreditation of Health Care Organizations
- ♦ Medicaid Approved

#### **ABOUT THE SERVICES**

- ♦ 24-hour nursing care
- ♦ On-grounds school
- ♦ Group & individual therapy
- ♦ Activity therapy
- ♦ Level program
- ♦ Psychological services
- ♦ Social services
- ♦ Psychiatric services

#### **REFERRALS TO THE PROGRAM**

- ♦ Entire State of Indiana
- ♦ Community mental health centers, divisions of family and children, probably department, and/or the courts
- ♦ Article 7 alternative placement referrals from Indiana School system



## ***SPECIALIZED RECOVERY SERVICE LINE***

### ***416 and 421B, continued***

**421B** -- The Stepping Stones Program is a co-ed program for individuals who have dual diagnosis of mental illness and individuals with a developmental disability.

Patients in the Stepping Stones Program live in the Residential Treatment Center (RTC) on unit 421B. The treatment philosophy incorporates the values of least restrictive intervention and utilization of positive reinforcement.

The patients enjoy recreational activities on the unit, in the CTC gym, and on the hospital

grounds as well as community programs such as Worker's Night Out and reward trips.

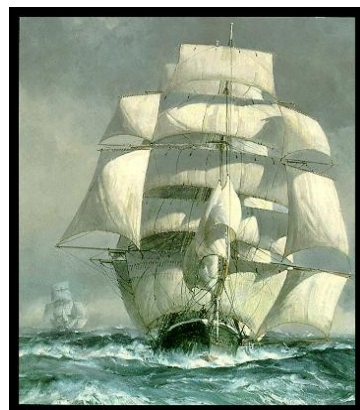
Patients in this program begin their journey to *Recovery* based upon assessments to complement their strengths. They progress with the class curricula as their goals are met. Active treatment classes include money management, social skills, cooking, health and nutrition, health and safety, community education, anger management, home economics, adult education, life skills, spirituality, vocational training, and fitness to name

a few. Some of the patients work on grounds. Each patient has a treatment plan that is reviewed every 90 days.

This program is currently at capacity with a waiting list. We continue to work with the Bureau of Developmental Disabilities (BDDS) to assist with discharge planning. There are currently four patients working through the discharge process with a few others preparing to begin. Many of our patients will be able to move into waiver homes that have been set up in the community.



***Tylene Ferguson, RN  
BSN, ADON***



*"A ship in a harbor is safe  
but that's not what ships  
are made for."*

*~ William Shedd*

#### **CONTACT INFORMATION**

<b>765-966-0511</b>	<b>Ext.</b>
<b>Carl Rhinehart, Service Line Manager</b>	<b>9330</b>
<b>Tylene Ferguson, ADON</b>	<b>9278</b>
<b>Dr. Bhangoo, Psychiatrist</b>	<b>9319</b>
<b>Amy Banta, Social Work</b>	<b>9327</b>
<b>John Jantz, Behavioral Clinician</b>	<b>9331</b>
<b>Becky Miller, Recovery Specialist</b>	<b>9250</b>
<b>RN's Newton/Goins/Pritchett</b>	<b>3966</b>
<b>Carolyn Hanna, Dietician</b>	<b>9229</b>



*Meals are planned by a registered dietician and food is prepared in our Food Service Center.*

## ***ADDICTION RECOVERY SERVICE LINE***

### ***417B/417D/LAWSON HOUSE...By Lynda Dean***

How does a friend or family member go about getting help for the addicted person?

This is a frequently asked question. One would expect a simple and clear method to be outlined and accomplished in a few days in this day and age of treatment centers. However, this is not the case.

First are the years of it not being "that bad". The "caretaker or caring person" of the addicted person travels the progression of the problem the same as the addict. Denial, hiding, justification, accomplishments in other areas, time outs, health issues, arguments, all add up to a definite lack of clarity. Not knowing why one time is worse than the other, not knowing all the facts, and the emotional toll all produce a fog and a slippage into inaction. Plus "geographical cures" and job changes all play a part in an unclear picture.

It has been said that if you start with cold

water and slowly heat it up a frog will not know when to jump out before their life is lost. Unfortunately those living with addiction and their loved ones often are faced with the same lack of clarity. Not to mention that too often time out for treatment is an enormous financial drain.

Next is what is to be done? In Indiana the system is least restrictive treatment first. This is reasonable if one does that in a timely manner. If the family is now clear and see the risk and know that mobility and freedom for the addict will result in prompt relapse it gets precarious. They do not want a situation where the patient just goes back to the street and all the triggers of using. Does the family seek a commitment, what does a court need, how we get the addict to the court, and will a judge let them out of prison to attend treatment, are all questions that come up. What if you are not married, not the guardian, not with them regularly, don't want to cost them

their job, and know about the possible negative emotional push back that will occur? Even if you do that where are they to go? How is detox arranged? What happens between the time when they detox and the time they can be admitted? These are all standard questions that are part of frequent phone calls asking for help. Each answer is complicated by the fact that what you know, what you can document and how fast the system can respond are very different for each case. Meanwhile your loved one can use and incur consequences. Tears and fears are too often the lot of those that care and are watching the drama that unfolds.

You need practical answers, flexible plans, cautions about missteps, and speed. There are books that address this, hotlines, Mental Health Centers, Emergency rooms, Police Stations (who have some strategies and guidance to dispense for emergent situations), local self help groups, Alanon groups, etc. None of

these offer much as far as speed unless it is a true emergency. You will be faced with wading through phone calls and emotions. It is best to start early, gather information before a crisis, and then develop a series of plans. Even learning what treatments are available takes time

*Living with a Functioning Alcoholic* is one such book. Guidance is best when you have broken the spell of waiting and have moved on to collecting data and options. Hopefully you will approach this prior to a crisis.

You can find information on our website: [richmondstatehospital.org](http://richmondstatehospital.org) or phone 1-800-986-6691. We will be glad to assist and to provide treatment. You need to know that we do not take walk-ins and that all admissions are referrals from the Mental Health Center in the area where the person lives. Please see SAMHSA's treatment center guide at this email address: <http://findtreatment.samhsa.gov/>.

## *MESSAGE FROM LYNDA DEAN, continued*



**Lynda Dean**  
**Addictions Recovery**  
**Service Line Manager**

That means that there will be an assessment, forms, and a gap between walking in here and having a bed open.

Is there hope? Emphatically, yes, even complicated answers can produce hope and a direction. The majority of the patients, truly wants a different lifestyle, wants to achieve goals, and wants to take their place as a loving family member. Even those not ini-

tially pleased with the arduous task of inpatient recovery will admit that this time out to reassess, learn skills, and be substance free helps them. Recovery requires many lifestyle changes and a growing sense of commitment. It is a process that will cover their lifetime. With such a great goal all are encouraged to participate in lending a helping hand to all those impacted by addiction. Remember, even though it is

never too late while the person is with you, early is best and can save you and yours a world of hurt. Recovery is a process and may require several attempts, and is in the same chronic category as those with diabetes and heart disease. Just as with any other chronic condition it takes sustaining a new lifestyle and it can be accomplished. People can recover and do, but someone must start the process.

The Addictions Recovery Service Line is made up of separate programs. The length of stay varies and is determined by program assignment. All programs are co-ed and have a capacity of twenty-three beds. Lawson House has a capacity of eight beds. Patients participate in individual and group therapy, lectures, structured experiences, leisure time, and vocation/recreational activities, medication, and self-help groups in are communities. In addition to these general therapies, there are special therapies for patients that deal with women's issues, eating disorders, grief, anger, depression, anxiety, AIDS, and spiritual issues. GED self-study and testing is also available. Urine screening and breathalyzers are also used to ensure patients remain abstinent.

All of the admissions have to be referred by gatekeepers (gatekeepers are liaisons between Community Mental Health Centers and

courts/legal systems) throughout Indiana. Self referrals and referrals by agencies not approved by the Indiana Division of Mental Health and Addictions will not be accepted. The patient must be a resident of Indiana, 18 years of age or older, and detoxed.

Patients being admitted should bring enough clothing and personal hygiene items to last a couple of weeks. We have laundry facilities; plastic hangers are allowed (no metal). They should also bring stamps, stationery, phone cards, etc. We do supply soap, shampoo, and laundry soap, but if patients prefer to bring their own, they may do so.

*"Learn from yesterday, live for today, hope for tomorrow."*  
 ~ Albert Einstein

# INFECTION PREVENTION AND CONTROL

*By Cindy Wasson, R.N.*

We are continuing to experience the apparently endless influenza season of 2009-2010. Both seasonal and H1N1 vaccines were made available to patients and employees. Demand was much greater than the supply for the seasonal vaccine, but there is a plentiful amount of H1N1 vaccine which remains available at our hospital. Only a few patients have experienced influenza like illnesses. The number of employees reporting illness was significant but almost all were mild to moderate in severity.

In 2010, Infection Prevention will work in conjunction with the Health Clinic to promote wellness for employees. There will be targeted education throughout the

year, including some health screening. For patients, education for Infection Prevention and Control continues to be offered in active treatment classes. Additional small group and individual education is provided by the unit nurses.

The incidence of hospital acquired illness is significantly lower at Richmond State Hospital than it is in an acute care setting. Skin and soft tissue infections are one area of concern. Not only do patients experience rashes, boils, and other infections of the skin, but also sometimes come in contact with head lice and scabies. Nurses are vigilant to assess patients for such problems on admission and after leaves. Physicians are well versed in signs and

symptoms, recognizing problems quickly and providing appropriate treatment. Precautions to prevent spread of infectious conditions or infestations are instituted by nursing and housekeeping personnel.




A focus area in 2010 will be education about multi drug resistant organisms. It is a rare person who has not heard about MRSA or drug resistant TB in the media. One factor contributing to the rise of these organisms is inappropriate use of antibiotics. Have you ever stopped taking antibiotics before the prescription was gone because you felt better? When your child or grandchild is ill, do you think the doctor should always prescribe an antibiotic? It's time to re-think these situations. Not

all illnesses respond to antibiotics. They have no effect on viral illnesses. However, if your doctor has prescribed an antibiotic, it is very important to take all the medicine just as you have been instructed.

In closing, please remember that the number one way to prevent the spread of infection is by washing your hands. Use soap and water, applying friction to all hand surfaces for 15-20 seconds before eating, after using the bathroom, and any time your hands are visibly dirty. Hand sanitizers are appropriate for other hand cleansing. They are wonderful when you are on the go and soap and water are not readily available.



*What's the simplest way to protect yourself from...*

- |   |                  |                        |
|---|------------------|------------------------|
|  | <i>Colds?</i>    | <b>WASH YOUR HANDS</b> |
|  | <i>Flu?</i>      | <b>WASH YOUR HANDS</b> |
|  | <i>Diarrhea?</i> | <b>WASH YOUR HANDS</b> |



*Richmond State Hospital...A place where our family cares for your family.*



**David Shelford, CPA**  
**Assistant**  
**Superintendent**  
**Finance**

## ***COMPUTER SYSTEM UPGRADES***

### ***By David Shelford, Assistant Superintendent***

Richmond State Hospital is in the process of upgrading its computer network link to central servers in the government center in Indianapolis from copper telephone lines to fiber optic. This is being done to resolve issues cre-

ated from several new patient care programs installed by the Division of Mental Health and Addictions. These new programs pushed our communication link to its maximum and considerably slowed down our computer system.

This connection upgrade will not affect our ability to communicate with any of you and will enhance our ability to provide quality patient care.

***"When love and skill work together, expect a masterpiece."***

***~ John Ruskin***



**CLINICAL TREATMENT**  
**CENTER (CTC)**  
**MAIN ENTRANCE**

## ***PROTECTION & ADVOCACY***

Protection & Advocacy for Individuals with Mental Illness (PAIMI) Act was signed in May of 1986 by President Ronald Reagan. In 1986, Governor Robert Orr signed assurances that the State of Indiana would provide protection and advocacy services to citizens experiencing mental illness. Indiana Protection & Advocacy Services (IPAS) was designated as the

agency to provide these services and is a congressionally mandated, legally based disability rights agency. IPAS has the authority to provide legal representation and other advocacy services, under all federal and state laws to people with disabilities based on a system of Priorities. To defend the human, legal and civil rights of people with disabili-

ties, Congress established Protection and Advocacy systems in each state.

The Advocacy Specialist for this area is Donna Dellinger and she comes to our hospital once a month to participate in our Human Rights Committee meetings. She may be reached at 1-800-622-4845.

The mission of P&A is shown below.

**To protect and promote the rights of individuals with disabilities, through empowerment and advocacy.**

## ***MONEY FOR PATIENTS***

If you are interested in providing funds for your loved ones while they are residing at Richmond State Hospital, please write a check or money order which can be deposited at our business office. These funds may be sent directly to the Business office for your family member

or given to their social worker.

There is a snack area in the AIT and RTC buildings where patients may spend their money. There is also a large canteen area where patients may shop for snacks, gifts, personal hygiene items, postage stamps, phone cards, etc.

Some patients may go to local stores and restaurants. Checks and money orders are held for 10 business days. Postal money orders may be cashed immediately. Please do not send cash in the mail or give family members a large amount of cash. This is for their own protection against theft.



## ***PICNICS***

Picnics are something that patients look forward to during the summer. Visiting home counties and seeing family and friends at the picnics is wonderful.

Among sponsors of picnics are Mental Health America for Grant/Blackford

and Randolph Counties, East Lynn Christian Church of Anderson, IN, East Central Indiana NAMI, and Zion Lutheran Church in Pershing, IN.

Entertainment, food, games, and everything that is done at

the picnics for our patients is greatly appreciated.

If your group or organization would be interested in sponsoring a picnic, please contact Richmond State Hospital at 765-935-9218.



## ***RICHMOND STATE HOSPITAL WEBSITE***

Information about our website may be found on the Internet at [www.Richmondstatehospital.org](http://www.Richmondstatehospital.org). We try to have up-to-date information about

various aspects of the hospital. We have an E-local link video at our website. It goes from the past to the present and the future in less than two minutes

and provides families with a look of our campus, and hopefully, inspires hope for recovery that many have found at our facility.



*Richmond State Hospital, serving citizens of the State of Indiana since August 1890.*

## QUALITY MANAGEMENT

*By Kay Stephen, Quality Management Director*



**Kay Stephen, RHIA  
Quality Management  
Director**

*"Quality is never an accident; it is always the result of high intention, sincere effort, intelligent direction and skillful execution; it represents the wise choice of many alternatives."*

~ William A. Foster

Implementation of the Avatar electronic medical record continues. As reported in prior issues of *Community Ties*, several assessments were implemented in the spring and summer of 2009. By completing these assessments electronically, reports can be run that pulls data from all assessments at one time so that clinicians can see a more comprehensive review of the patient at one glance, versus having to review 4-5 documents individually. The next phase of the system, Treatment Planning, kicked off in the summer of 2009. Richmond State Hospital was asked to be a pilot

site for this part of the system due to the diverse programming we offer to our patients to meet their needs. Implementation of the treatment planning module began in November 2009 on three units, 420A, 420B and 417D. We've encountered numerous process issues, but the treatment teams are working through those. Units 417B and 421A treatment teams are now up and running as well, as of early February. The rest of the units will be brought up throughout the course of the spring. Our patients and their families may see some changes during treatment team

meetings to accommodate the new treatment planning process. We hope these changes will not be too cumbersome or disruptive to the point that it takes away from the focus of the meeting.

While implementing this system, we have taken the utmost care in setting up security systems to protect the patient health information contained in the electronic record from those who are unauthorized to access it. This is our promise to our patients to keep their information confidential while freeing up the ability to access the information to those who need it to provide the quality care our patients deserve.

## COMMUNITY TIES



Copies of Community Ties are sent to family members of our patients, volunteers, retired employees, and community mental health centers. If you prefer to receive your copy of community ties at your email address, please email us at [Tara.Jamison@fssa.in.gov](mailto:Tara.Jamison@fssa.in.gov) or [Mary.Johnson2@fssa.in.gov](mailto:Mary.Johnson2@fssa.in.gov). You may also call us at 765-935-9217 or 765-935-9218. Thank you.

## ***TREATMENT TEAMS***



**"Coming together is a beginning. Keeping together is progress. Working together is success."**

**~ Henry Ford**

Each patient's treatment is reviewed in an interdisciplinary team meeting at least every 90 days. Families of patients are encouraged to be involved in the treatment team meetings.

The treatment team is composed of a coordinator, physician, psy-

chologist, nurse, social worker, activity therapist, and, in some cases, substance abuse counselors. Letters from treatment teams should be sent every time a master treatment plan or review is being done.

Conference phones are available for family participation in the meetings.

Whenever you are calling our toll free number, please allow us to call you back immediately on our hospital line. This helps keep the cost of our toll free number down.

If you want to contact a staff member at Richmond State Hospital, our toll free number is 1-800-986-6691.

## ***HOSPITALITY HOUSES***



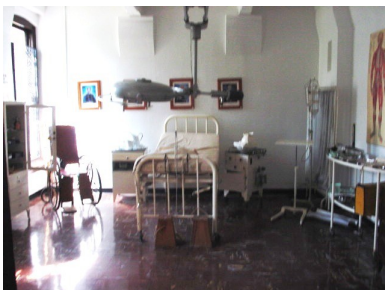
The hospital provides hospitality houses for relatives of patients traveling from a distance to visit their loved ones. These houses are available at no cost to families of pa-

tients. All houses are completely furnished, including an operative kitchen and laundry.

If you would like to reserve a hospital-ity house, please

call Donna Crist, Administrative Assistant to the Superintendent, at 1-765-935-9201. She will get you on the calendar for your visit to Richmond State Hospital.

## ***TOURS***



***The RSH museum is often a place where tourists visit.***

We offer tours from January through October. Each tour is tailored to meet the needs and interests of tourists. Several colleges and high school groups tour each year. Some school groups participate in the substance abuse prevention program called "2 Smart 2 Start". Many students have found this program to be exceptionally informative. In an effort to respect the privacy of our patients, confidentiality forms are signed prior to tours. Tourists are asked not to bring cameras or to take pictures with cell phones. To schedule a tour for your group, call Community Relations at 1-765-935-9218.

## ***CHRISTMAS REFLECTIONS OF 2009***



### **GIFT LIFT PROGRAM**

We would like to thank the following people who made donations for RSH patients. Juanita Chambers; Alpha Tau Chapter; Bill Manuel; Barbara Taylor; Georgia Shuck; Aileen Githens; Alice Daggy; Becky Hines; Mildred Griffin; Centerville Health Class; Camille Gatzek; Carolyn Bryant; Jennifer Clark; Do-Gooders; Mr/Mrs William Harvey; Irene Hamm; Coca-Cola; Gail Fralick; Diane Ferlauto; Jean Saylor; Evelyn Charles; Kay Gephart; Kris Lopresti; Lorene Bischoff; Marilyn Brown; Nancy & Jessica Pipes; Nancy LaFuze; Nancy Sharp; Nancy Campbell; Nancy Rozycki; Mr/Mrs Michael Jordan; Joanne Passat; Shade Family; Rema Marquis; Sharon Basiewicz; Richmond Community Schools Teachers at RSH; Tamara Holt; Sally Hughes; JM Hutton; Shirley Ben-thin; Katie Franz; Joanne Kelly; Sheila Houchins; Mr/Mrs Bill Abney; Charles Butler; Monzell Butler; Teresa Brack; Carolyn Bryant; Sue Kinsey &

Friends; Carol King; Ronnie Knipp; William Starr; Central United Methodist; Hagerstown United Methodist; First Christian; West End Dentists; First Friends Meeting; First United Methodist; Barbara Jenkins; Middleboro United Methodist; Chuck Avery; Sandra Resh; IU East Nursing Students; Jerri Heithaus; St. Paul's Episcopal; Hobson, Smith, Hufnagel; Tonya Hutzell; St. Paul's Lutheran Brown Appraisal; Burns Family Dentistry; Cuts & Curls; Edward Jones, Bob Gillman; Mr/Mrs John Stickdorn; Evening Optimist; Lucy Malloy; Becca McKee; Richard Miller; Mr/Mrs Bill Niersbach; John Burgess; Eric Tuegel; Judy Maurer; Betty McCasland; Wayne Bank; Wayne county clerks; Lincoln Bake; Tom Kowaleski; Meals on Wheels; Bruce Dodds; Abbott's Candy; Annette Smith; Edward LaFe-ver; Liberty Belles; Terry Frazier; Dr. William Calvert; Drs. John & Connie Clod-felter; Dr. Debra Wehman; Woman's History Club Hagers-town; Mr/Mrs Mike Walton; Driscoll Ber-ries; Luishia Mercer; Marianne Foster; David Alderson; Rich-mond State Hospital employees; Richmond State Hospital Credit Union; MHA Blackford County; MHA Delaware County; MHA Randolph County; Stults Family Dentistry; AAUW; Alpha Omicron Sorority; American Legion; AVI; Reid Hospital Staff; Kelle Younts; Carl Kil-gus Circle 7; Hagers-town Optimist Club; Mr/Mrs Tim McLaman; Tri-Kappa; Anna Chris-tensen; Mr/Mrs Greg Hilligoss; NAMI Madi-son County; NAMI East Central Indiana; Rodella; Robert Swan-son; Sigma Delta Pi; Erin Haskett; Mr/Mrs James Bond; James Turman; Donald Stinson; Opportunity Club; Harry Potter; Charles Ramey; Mr/Mrs Tom Rankin; Richmond Community School; Mark Rey-nolds; Krodel Family; Mr/Mrs Rusty Keller & Family; Pam Ritz; Mark Schlotter; Mary Schwendener-Holt; Richard Bodiker; Whitewater Valley Ma-rine Corps League Auxiliary; Whitewater Eye Center; Louise Ronald.

### **CHRISTMAS UNIT PARTIES**

Entertainment, food, and lots of fun were enjoyed on December 12, 13, and 19 at Richmond State Hos-pital. On behalf of the patients and staff, we want to ex-tend a sincere thank you to each of the Christmas party pro-viders. The follow-ing groups were fan-tastic: Earlham Bon-ner Students; First Christian Church; First Presbyterian Church; Golden "K" Kiwanis; Greens Fork Fire Department; Hagerstown United Methodist Church; Mental Health Amer-ica of Randolph County; Noon Ki-wanis; Pentecostal Tabernacle; Martha Jones and Friends; West River Friends Church; Richmond Young Life; St. Paul's Lutheran Church; and Whitewater Val-ley Harley Davidson Motorcycle Club, and American Legion/ Mary Hughes-Broderick & Mem-bers. A special thank you goes to Frank Waltermann, our "Santa" and his elf, Karen Butler.

Again, thank you. May the blessings that you gave return to you many times over in 2010!



Gretchen Gibbs, N.P.  
Director of Nursing

## NEWS FROM THE NURSING DEPARTMENT

### By Gretchen Gibbs

The nursing department at Richmond State Hospital weathered some significant changes and challenges in 2009. Change is not always welcome, but often is needed and often results in improvements that were long overdue.

The new process of ordering, dispensing, administering and documenting medication for our patients. Nursing staff members all had to become more "computer savvy," and have adapted and responded quite well to the demands of learning a completely new system.

Patients were provided with additional tools to better develop nursing care plans that address the medical and health care needs of our patients. These nursing care plans are "blueprints" for the nursing care provided to patients and serve as a basis for evaluating the patient's response to the care provided. They are developed by registered nurses whenever a patient develops a health condition that warrants extra or specialized nursing care, and eventually become part of the interdisciplinary treatment plans for patients.

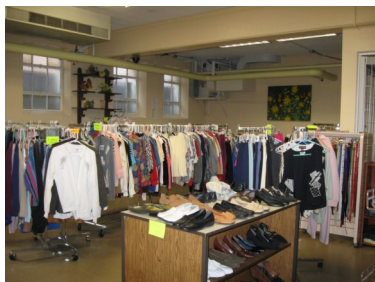
Later in 2009, additional components of an electronic medical record (EMR) were implemented, including new computerized assessments and new treatment planning tools. We are still in the process of completing implementation of those components, and we are continuing to adapt our "usual" processes to fit the needs of the computer world.

All of these changes in 2009 were challenging for the nursing department and other staff members at Richmond State Hospital and adapting to these changes continues into 2010. The nursing staff at RSH continue to strive for improvements in patient care and are willing to embrace new technology as a means to that end.

Nursing Care Plans and the "Nursing Process" have always been the cornerstone of nursing care provided to patients. In July of 2009, additional training was provided to all Registered Nurses about nursing care plans and the nursing process, and RNs

*"...although the days are busy and the workload is always growing, there are still those special moments when someone says or does something and you know you've made a difference in someone's life. That's why I became a nurse."*

~ Diane McKenty, RN



*We still have our Thrift Store where good, used clothing is sold at low prices, but it is now located in the Auditorium Canteen.*

2009 saw the transition from a paper-driven medication documentation system to a computer-driven system to manage our medications and treatments for our patients. This is definitely a trend in health care and one that is sometimes difficult to navigate. We launched our new computerized medication system in March of 2009. In preparation for that, new computers were installed, extensive training for the nursing staff was completed, and computer software was updated and adapted for our use at RSH. The pharmacy department, nursing department and the medical staff all worked together to make the transition from "the way we've always done it" to a brand

# Donations Needed

Items that are currently needed for patients activities, crafts, etc., are golf balls, left handed golf clubs, shoe boxes, board games, costume jewelry, bikes, and travel size toiletries. These items may be marked for Community Relations and taken to the switchboard located in the AIT/417 building.

## ***FRIEND-TO-FRIEND***



*“A real friend is one who walks in when the rest of the world walks out.”*

*~ Walter Winchell*

Richmond State Hospital has a Friend-to-Friend program. Most people in this program find it is beneficial to both them and their “friends”.

You or your group are welcome to join in this program. The experiences you will have with your friend will depend on your friend’s need and your own interests, time, and capabilities. Communicating on a regular basis may be beneficial to your friend.

You may send letters or cards. You may tell about your family, work, hobbies, and other cheerful things. Picture postcards are enjoyed by patients, as well as magazines, newspapers, word search books, etc.

If you are interested in participating in this program, please call 765-935-9218.



*Computers are available for patients in the Clinical Treatment Center (CTC).*

## ***VOLUNTEER OPPORTUNITIES***

There are many opportunities for volunteers at Richmond State Hospital. If you are interested in volunteering in one of the following areas, please call us at 765-935-9218.

- ♦ Art Murals
- ♦ History of Hospital
- ♦ Pond Development
- ♦ Patient Interactions/Activities
- ♦ Bicycle Repair
- ♦ Donation of Denim Material for crafts
- ♦ Library Services
- ♦ Pastoral Care
- ♦ Donation of Exercise and Aerobics VHS and DVD tapes
- ♦ Donation of DVD players and CD players
- ♦ Donation of Birthday Cakes

## *CHANGE WITHIN...the hardest chapter*

*By Judy Malone Cole, Clinical Director*



*Judy A. Malone Cole  
Ph.D., R.N., Clinical  
Director*

Over the last few years we have lived organizational changes. From the treatment mall to the rehab of the administration building and from retirements of wonderful employees to the adoption of a new model of care that revolves around the 10 Principles of Mental Health Recovery (plus 2 more, accountability and evidence-based practices). Change is in the very fabric of our environment. And yet, change, to be effective, occurs within each employee and alters the flow of work and the attitude and values of each person. I'd like to think of it as a personal report card about change.

Report cards are grades or ratings about how well we do X or Y. We've all gotten grades from kindergarten on up. In the recovery model, it's how well do I, as an employee, rate on each element of change. It's personal. The 10 +2 components of recovery are: hope, responsibility, respect, peer support, strengths-based, non-linear, holistic, empowerment, individualization and person-centered, self-direction, accountability and evidence-based practices.

It's personal all right and I've always been sensitive to how I'm graded. I want to do my best, as do all of the staff. Working at RSH is so much more than a paycheck, it's with great pride and humility that I've chosen to work with our consumers and their families. I have so much to learn. So, it's important that I ask myself, personally, in those reflective moments "How am I doing?" And

perception is EVERYTHING. Your perception.

It's not whether I *thought* I was being "X". It's everyone else's perception of my behavior. Did YOU feel supported? Did YOU feel empowered to take charge of your treatment? Do you feel respected? Do I come across as hopeless?

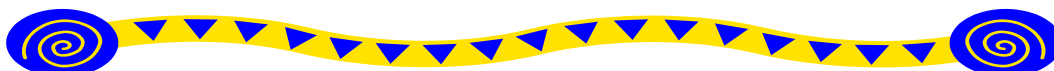
Perception. What I see, hear, taste, feel/touch is referenced against past experiences and circumstances, I then make sense of my world and my interactions hopefully reflect those conclusions. And a lot can go wrong on the journey of perception. I spend a great deal of time figuring out how wrong I am, or validating my conclusions. What I have absolutely no control over is others' perceptions...I can only own my half of the interaction. Owning things requires accountability and willingness to risk.

So, while we make many systems changes and/or add new technologies, owning something means that one reflects upon behavior reflects and actively assesses "Is this what I value?" The change happens from within each individual. And in these times of tight budgets, complex care needs, and processes, change AND perception are very, very personal.

While Community Ties reflects what's going on at Richmond State Hospital and is a great window, we are open to your perceptions of change, internally or externally. And that is one of values that I hope you see as we listen, contemplate, and change.

*"You must be the  
change you wish  
to see in the  
world."*

*~ Mahatma Gandhi*



## HOOSIERS HELPING HOOSIERS

**Hoosiers Helping Hoosiers** is an annual food drive sponsored by Indiana's First Lady Cheri Daniels. Employees at Richmond State Hospital were glad to join more than 65 agencies across Indiana who reached out to Hoosiers down on their luck by collecting nonperishable items for local food banks in February during a statewide

food drive. This food drive takes place in February in honor of First Lady Daniels who has dedicated her focus to increasing awareness among Hoosier women of the risks of heart disease.

The Hoosiers Helping Hoosiers Food Drive benefits hungry Indiana citizens. This effort is especially important during these

difficult economic times. In 2009 this program was a huge success! Over 18,000 non-perishable food items and more than \$9,400 in donations were collected last year in the Indiana Government Center alone.

We are looking forward to participating again in 2011 to help families in Wayne County!



*Indiana First Lady  
Cheri Daniels*



## NAMI

**NAMI** stands for the National Alliance on Mental Illness. It is the nation's largest grassroots organization for people with mental illness and their families. NAMI was founded in 1979 and has affiliates in every state and in more than 1100 local communities. NAMI recognizes the key concepts of recovery, resiliency, and support are essential to improving the well-being and quality of life of all persons affected by mental illness.

NAMI advocates at all levels to ensure that all persons affected by mental illness receive the services that they need and deserve, in a timely fashion.

NAMI East Central Indiana is located on the campus of Richmond State Hospital in the original farmhouse. The office is opened on Monday, Wednesday, and Friday from 10:00 a.m. to 2:00 p.m. The phone number is 765-966-4094.

In addition to attending monthly NAMI meetings in the CTC Training Center, the candle light service at the city building in Richmond, patients of Richmond State Hospital look forward to the NAMI picnic in the summer and the NAMI Christmas Dinner in the winter.

If you are interested in becoming a member of NAMI, please call them or stop by the NAMI house. You're always welcome!

NAMI is made up of over 220,000 families.

All services are provided without charge.



*EAST CENTRAL  
INDIANA NAMI  
498 NW 18TH ST  
RICHMOND, IN 47374*